

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

ADDRESS (number and street)

214 South Bronough Street

☐Check if different
than previously
reported. (ACC)

Tallahassee

FL

32302

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005561

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

10

01

2010

in the
State of

FL

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2010

through

10

13

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alma Gonzalez

Signature of Treasurer

Electronically Filed by Alma Gonzalez

Date

05

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Transfers received from the DNC, DCCC, DSCC and candidate committees, not including ASDC/Dollars for Democrats and DNC Victory Fund, were not for joint fundraising. None of the transfer in money received from the DNC or DCCC was used in the payments made for exempt activities. None of the expenses listed on Line 21b were public communications or FEA activities. None of the expenditures listed on Line 30b were expressed advocacy. The payments listed on H4, including all consulting fees, were administrative/committee fundraising expenses and not FEA nor in connection with a federal election. Payroll and all related expenses reported on Schedule H4 were for staff that did not spend more than 25% of their time on FEA or in connection with a federal election.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	3	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		726822.32
(b) Cash on Hand at Beginning of Reporting Period	1919462.38	
(c) Total Receipts (from Line 19)	361974.40	4740215.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2281436.78	5467037.92
7. Total Disbursements (from Line 31)	394492.67	3575094.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1886944.11	1891943.41
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	18541.50	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	66100.00	1163120.65
(ii) Unitemized	2723.00	63477.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68823.00	1226597.94
(b) Political Party Committees	14144.30	578895.57
(c) Other Political Committees (such as PACs)	26478.82	139780.82
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	109446.12	1945274.33
12. Transfers From Affiliated/Other Party Committees	252435.00	1882931.31
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	93.28	40041.17
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	890.08
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	878.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	870199.81
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	870199.81
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	361974.40	4740215.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	361974.40	3870015.79

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	6040.31	226655.14	
(ii) Non-Federal Share.....	22723.14	945099.23	
(b) Other Federal Operating Expenditures.....	316751.23	1882598.73	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	345514.68	3054353.10	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	6700.00	100275.63	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	2650.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2650.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	42277.99	417815.78	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	42277.99	417815.78	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	394492.67	3575094.51	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	371769.53	2629995.28	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	109446.12	1945274.33
34. Total Contribution Refunds (from Line 28(d))	0.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109446.12	1942624.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	322791.54	2109253.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	93.28	40041.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	322698.26	2069212.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Cesar Alvarez

Mailing Address 700 S Alhambra Cir

City

Coral Gables

State

FL

Zip Code

33146-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenberg & Trauriq

Occupation

Attorney/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920511

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Richard Boylan

Mailing Address 2950 Alton Dr

City

St Pete Beach

State

FL

Zip Code

33706-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: C4814093

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Anthony Brunson

Mailing Address 1 SE 3rd Ave
Ste 2100

City

Miami

State

FL

Zip Code

33131-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharpton, Brunson & Compa-
ny, P.A.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C4923075

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

7025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Christian Carrington

Mailing Address 44 Orchard Farm Rd

City

Port Washington

State

NY

Zip Code

11050-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Navigant Company

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4920527

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Yolanda Cash-Jackson

Mailing Address 1411 NW 50th St

City

Miami

State

FL

Zip Code

33142-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Becker & Poliakoff's Mana-
gement

Occupation
Law Firm/Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952889

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Trudy Cejas

Mailing Address PO Box 191679

City

Miami Beach

State

FL

Zip Code

33119-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4924053

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

12750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Gregory Collier

Mailing Address 10297 Osprey Trce

City

West Palm Beach

State

FL

Zip Code

33412-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4952755

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Janice Davis

Mailing Address 3462 River Oaks Ln

City

Pensacola

State

FL

Zip Code

32514-8198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Planning Associates

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952877

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marian De La Fuente

Mailing Address 5202 NW 112th Pl

City

Doral

State

FL

Zip Code

33178-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920496

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Stephen J. Demontmollin

Mailing Address 7313 NW 47th Ct

City

Gainesville

State

FL

Zip Code

32606-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avmed

Occupation

Healthcare Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: C4818252

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Raysa Fanjul

Mailing Address 359 N Lake Way

City

Palm Beach

State

FL

Zip Code

33480-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4818249

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Florida CUPAC - Corporate Account

Mailing Address PO Box 3108

City

Tallahassee

State

FL

Zip Code

32315-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814594

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Amy France

Mailing Address 849 14th St
Apt 4

City State Zip Code
Santa Monica CA 90403-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C5655311

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Brian France

Mailing Address 849 14th St
Apt 4

City State Zip Code
Santa Monica CA 90403-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brian France

Occupation
Nascar

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C4952895

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Hal H. Kantor

Mailing Address 815 Cordova Dr

City State Zip Code
Orlando FL 32804-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lowndes, Drosdick, Doster,
Kantor & Re

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4979243

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

22500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 125

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Susan Nernberg

Mailing Address 1340 Bennington Ave

City

Pittsburgh

State

PA

Zip Code

15217-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 8 / 2 0 1 0

Transaction ID: C4920523

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gary Palmer

Mailing Address 115 NE 12th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Information Serv-
icesOccupation
Senior Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 1 0

Transaction ID: C4952753

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gary Palmer

Mailing Address 115 NE 12th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Information Serv-
icesOccupation
Senior Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 1 0

Transaction ID: C4954377

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Jorge Quintero

Mailing Address 508 NW 28th Ct

City

Wilton Manors

State

FL

Zip Code

33311-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aquilex, Inc

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4979230

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Randall Rentfro

Mailing Address 3056 S Oakland Forest Dr
Apt 2305

City

Oakland Park

State

FL

Zip Code

33309-7507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nova Southeastern Univers-
ity

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4979240

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Janice Robinson Robinson

Mailing Address 218 Tangier Ave

City

Palm Beach

State

FL

Zip Code

33480-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Janice Robinson Trust

Occupation
Trust Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4920521

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Crystal T. Whitescarver

Mailing Address 17001 Madres De Avila

City

Tampa

State

FL

Zip Code

33613-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: C4923065

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Lilas C. Wild

Mailing Address 405 Pine Ave

City

Altamonte Springs

State

FL

Zip Code

32701-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: C4814086

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

66100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 125

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
811618.16

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4958358

Amount of Each Receipt this Period

10714.61

* In-Kind: Telephone Calls

B.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
811618.16

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4924224

Amount of Each Receipt this Period

60.55

* In-Kind: Web Media

C.

Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
553036.62

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4958364

Amount of Each Receipt this Period

3220.00

* In-Kind: Voter File Access

SUBTOTAL of Receipts This Page (optional)

13995.16

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 125

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	---	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.**C**

C00010603

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

553036.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Transaction ID: C4958394

Amount of Each Receipt this Period

149.14

* In-Kind: Utilities

SUBTOTAL of Receipts This Page (optional)

149.14

TOTAL This Period (last page this line number only)

14144.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 125

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

AMALGAMATED TRANSIT UNION - COPE

Mailing Address 5025 WISCONSIN AVENUE N.W.

City State Zip Code
 WASHINGTON DC 20016

FEC ID number of contributing
federal political committee.

C C00032995

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 1 / 2 0 1 0

Transaction ID: C4804635

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

City State Zip Code
 Washington DC 20003-4009

FEC ID number of contributing
federal political committee.

C C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 1 0

Transaction ID: C5014499

Amount of Each Receipt this Period

409.00

* In-Kind: Travel

C.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

City State Zip Code
 Washington DC 20003-4009

FEC ID number of contributing
federal political committee.

C C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 1 0

Transaction ID: C5038146

Amount of Each Receipt this Period

981.73

* In-Kind: Travel

SUBTOTAL of Receipts This Page (optional)

6390.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 125

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

City

Washington

State

DC

Zip Code

20003-4009

FEC ID number of contributing
federal political committee.

C

C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4924222

Amount of Each Receipt this Period

193.09

* In-Kind: Travel Expense

B.

Full Name (Last, First, Middle Initial)

BGR PAC

Mailing Address 601 13th St NW

City

Washington

State

DC

Zip Code

20005-3807

FEC ID number of contributing
federal political committee.

C

c00359588

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4921126

Amount of Each Receipt this Period

395.00

* In-Kind: Food & Beverage

C.

Full Name (Last, First, Middle Initial)

CIGNA CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 174 WATERFRONT STREET
SUITE 500

City

NATIONAL HARBOR

State

MD

Zip Code

20745

FEC ID number of contributing
federal political committee.

C

C00085316

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4818882

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5588.09

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 125

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Don Payne for Congress

Mailing Address PO Box 2406

City

Newark

State

NJ

Zip Code

07114-0406

FEC ID number of contributing
federal political committee.**C**

C00225045

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C4920509

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

I.B.E.W. Educational Committee

Mailing Address 1125 15th St NW

City

Washington

State

DC

Zip Code

20005-2721

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	1	0

Transaction ID: C4923069

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th St NW
Ste 800

City

Washington

State

DC

Zip Code

20005-2005

FEC ID number of contributing
federal political committee.**C**

C00409730

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	1	0

Transaction ID: C4920500

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 125

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th St NW
Ste 800

City State Zip Code
Washington DC 20005-2005

FEC ID number of contributing
federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920502

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

New Democrat Coalition PAC

Mailing Address 607 14th St NW
Ste 800

City State Zip Code
Washington DC 20005-2005

FEC ID number of contributing
federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4920504

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

The GEO Group, INC. -Political Contribution Account

Mailing Address ONE PARK PLACE, SUITE 700
621 NORTHWEST 53RD STREET

City State Zip Code
BOCA RATON FL 33487

FEC ID number of contributing
federal political committee. **C** C00382150

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4818247

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

26478.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 125

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814531

Amount of Each Receipt this Period

40000.00

B.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4814533

Amount of Each Receipt this Period

50000.00

C.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811618.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4924590

Amount of Each Receipt this Period

57511.00

SUBTOTAL of Receipts This Page (optional)

147511.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 125

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.

C

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

553036.62

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: C4924089

Amount of Each Receipt this Period

4924.00

B.

Full Name (Last, First, Middle Initial)

Democratic Party of New Mexico

Mailing Address 3200 Monte Vista Blvd NE

City

Albuquerque

State

NM

Zip Code

87106-2120

FEC ID number of contributing
federal political committee.

C

C00161810

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: C4962880

Amount of Each Receipt this Period

100000.00

SUBTOTAL of Receipts This Page (optional)

104924.00

TOTAL This Period (last page this line number only)

252435.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

241 Car Services, Inc.

Mailing Address 5012 W Cypress St

City
Tampa

State
FL

Zip Code
33607-3804

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329162

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

180.00

B.

Full Name (Last, First, Middle Initial)

Harold Acosta

Mailing Address 2427 Branch Way
Apt 103

City
Maitland

State
FL

Zip Code
32751-5988

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333826

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Jose V Acosta

Mailing Address 2427 Branch Way
Apt 103

City
Maitland

State
FL

Zip Code
32751-5988

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333825

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

American Express Merchant Services

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D334048

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

420.88

B.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

City
Washington

State
DC

Zip Code
20003-4009

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D341276

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

409.00

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)

AMERIPAC The Fund for A Greater America

Mailing Address 499 S Capitol St SW

City
Washington

State
DC

Zip Code
20003-4009

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D342920

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

981.73

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

1811.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) AMERIPAC The Fund for A Greater America	Transaction ID: D331185 Date of Disbursement																				
Mailing Address 499 S Capitol St SW --	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Washington State DC Zip Code 20003-4009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expense	<table border="1"> <tr> <td colspan="10">193.09</td> </tr> </table>	193.09																			
193.09																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
* In-Kind Received																					
B. Full Name (Last, First, Middle Initial) Scott Arceneaux	Transaction ID: D329847 Date of Disbursement																				
Mailing Address 1544 Lorimier Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Jacksonville State FL Zip Code 32207-4240	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel/Meals	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Avis Rent A Car - Corporate	Transaction ID: D329914 Date of Disbursement																				
Mailing Address 6 Sylvan Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Parsippany State NJ Zip Code 07054-3826	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel	<table border="1"> <tr> <td colspan="10">110.65</td> </tr> </table>	110.65																			
110.65																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

423.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Maria Berrios

Mailing Address 7000 Harbor Heights Dr

City Orlando State FL Zip Code 32835-1863

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334006

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)

BGR PAC

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3807

Purpose of Disbursement

Food & Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329868

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

395.00

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)

Blue Cross and Blue Shield of Florida

Mailing Address PO Box 2210

City Jacksonville State FL Zip Code 32203-2210

Purpose of Disbursement

Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329171

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

10450.16

SUBTOTAL of Disbursements This Page (optional)

10925.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Florida

Mailing Address PO Box 2210

City Jacksonville State FL Zip Code 32203-2210

Purpose of Disbursement
Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329164

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

9086.24

B. Full Name (Last, First, Middle Initial)
Brighthouse Networks

Mailing Address PO Box 31337
10305 NW 41st St., Ste 201

City Tampa State FL Zip Code 33631-3337

Purpose of Disbursement
Admin Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329165

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

281.74

C. Full Name (Last, First, Middle Initial)
Brilliant Corners

Mailing Address 1001 G St NW
Ste 500E

City Washington State DC Zip Code 20001-4541

Purpose of Disbursement
Consulting/Political

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331088

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

15367.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Austin Bryand

Mailing Address 324 Tennessee Ave

City
Saint Cloud

State
FL

Zip Code
34769-2674

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333995

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Bureau of Child Support

Mailing Address PO Box 247

City
Charleston

State
WV

Zip Code
25321-0247

Purpose of Disbursement
Payroll Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D331089

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

278.45

C.

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City
Tallahassee

State
FL

Zip Code
32302-1630

Purpose of Disbursement
Merchant Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364870

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

438.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364871 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364872 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364873 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364875 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364876 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4800.00</td> </tr> </table>	4800.00																			
4800.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Capital City Bank	Transaction ID: D364877 Date of Disbursement																				
Mailing Address PO Box 1630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Tallahassee State FL Zip Code 32302-1630	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4935.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Capital City Bank

Mailing Address PO Box 1630

City
Tallahassee

State
FL

Zip Code
32302-1630

Purpose of Disbursement
Merchant Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D365904

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

6.00

B.

Full Name (Last, First, Middle Initial)

Cindy Castillo

Mailing Address 2925 Elgig Dr

City
Saint Cloud

State
FL

Zip Code
34772

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333823

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Celltronix

Mailing Address 1718 S Orange Blossom Trl

City
Apopka

State
FL

Zip Code
32703-7745

Purpose of Disbursement
Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329923

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

205.00

SUBTOTAL of Disbursements This Page (optional)

251.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Checkmate Consulting</p> <p>Mailing Address 3509 Connecticut Ave NW # 1075</p> <p>City Washington State DC Zip Code 20008-2400</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329169</p> <p>Date of Disbursement 10 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 52288.98</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CIGNA CORPORATION POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 174 WATERFRONT STREET SUITE 500</p> <p>City NATIONAL HARBOR State MD Zip Code 20745</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D331194</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Crowne Plaza Hotel Corporation</p> <p>Mailing Address PO Box 30321</p> <p>City Salt Lake City State UT Zip Code 84130-0321</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D364868</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 174.36</p>

SUBTOTAL of Disbursements This Page (optional)

57463.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Crowne Plaza Hotel Corporation

Mailing Address PO Box 30321

City Salt Lake City State UT Zip Code 84130-0321

Purpose of Disbursement

Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364869

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

174.36

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement

Telephone Calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333015

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

10714.61

* In-Kind Received

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement

Web Media

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331186

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

60.55

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

10949.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE

City
Washington

State
DC

Zip Code
20003-4024

Purpose of Disbursement
Voter File Access

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333016

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

3220.00

* In-Kind Received

B.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE

City
Washington

State
DC

Zip Code
20003-4024

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333028

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

149.14

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)

Nick Denmon

Mailing Address 8300 41st Ave N

City
Saint Petersburg

State
FL

Zip Code
33709-3943

Purpose of Disbursement
auto travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D343591

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)

3494.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Diplomat Properties, L.P.

Mailing Address 1995 E Hallandale Beach Blvd
FL 2

City Hallandale Beach State FL Zip Code 33009-4649

Purpose of Disbursement
Site Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329057

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

22911.94

B.

Full Name (Last, First, Middle Initial)

Elavon Merchant Services

Mailing Address 1 Concourse Pkwy NE
Ste 300

City Atlanta State GA Zip Code 30328-5346

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333669

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

34.87

C.

Full Name (Last, First, Middle Initial)

Elavon Merchant Services

Mailing Address 1 Concourse Pkwy NE
Ste 300

City Atlanta State GA Zip Code 30328-5346

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333670

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1576.21

SUBTOTAL of Disbursements This Page (optional)

24523.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Elavon Merchant Services</p> <p>Mailing Address 1 Concourse Pkwy NE Ste 300</p> <p>City Atlanta State GA Zip Code 30328-5346</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D364867</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 3524.68</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Everest National Insurance Company</p> <p>Mailing Address PO Box 917807</p> <p>City Orlando State FL Zip Code 32891-7807</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D328835</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 516.25</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Everest National Insurance Company</p> <p>Mailing Address PO Box 917807</p> <p>City Orlando State FL Zip Code 32891-7807</p> <p>Purpose of Disbursement Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D328837</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 361.54</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

4402.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida Department of Revenue

Mailing Address 5050 W Tennessee St

City
Tallahassee

State
FL

Zip Code
32399-6586

Purpose of Disbursement

Sales Tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329924

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

26.25

B.

Full Name (Last, First, Middle Initial)

Fausto Galindo

Mailing Address 1055 Gore Dr

City
Mount Dora

State
FL

Zip Code
32756

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333999

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Carla Hazard

Mailing Address 1237 Marsh Creek Ln

City
Orlando

State
FL

Zip Code
32828-6132

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333837

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

946.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Sergio Hazard	Transaction ID: D333836 Date of Disbursement
Mailing Address 1237 Warsh Creek Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32823	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee	<div> <div></div> <div>120.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hilton Hotels Corporate	Transaction ID: D334324 Date of Disbursement
Mailing Address 7930 Jones Branch Dr Ste 100	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 1 / 2 0 1 0</div> </div>
City Mc Lean State VA Zip Code 22102-3389	Amount of Each Disbursement this Period
Purpose of Disbursement Travel/Lodging	<div> <div></div> <div>288.46</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Image Plus Graphics, Inc.	Transaction ID: D364879 Date of Disbursement
Mailing Address 1440 NE 31st Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 8 / 2 0 1 0</div> </div>
City North Miami Beach State FL Zip Code 33160	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail	<div> <div></div> <div>1169.84</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1578.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Image Plus Graphics, Inc.

Mailing Address 1440 NE 31st Street

City
North Miami Beach

State
FL

Zip Code
33160

Purpose of Disbursement
Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D326035

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

657.30

B.

Full Name (Last, First, Middle Initial)

Image Plus Graphics, Inc.

Mailing Address 1440 NE 31st Street

City
North Miami Beach

State
FL

Zip Code
33160

Purpose of Disbursement
Handouts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D328907

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

13584.96

C.

Full Name (Last, First, Middle Initial)

Intuit Software

Mailing Address 2632 Marine Way

City
Mountain View

State
CA

Zip Code
94043-1126

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D333954

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

56.95

SUBTOTAL of Disbursements This Page (optional)

14299.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Juan Jimenez	Transaction ID: D333832 Date of Disbursement
Mailing Address 7511 Cielo Ct	<div> <div>10</div> <div>10</div> <div>2010</div> </div>
City Orlando State FL Zip Code 32822-7912	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee Candidate Name	<div>120.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Luis Jimenez	Transaction ID: D334005 Date of Disbursement
Mailing Address 7511 Cielo Ct	<div> <div>10</div> <div>10</div> <div>2010</div> </div>
City Orlando State FL Zip Code 32822-7912	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee Candidate Name	<div>120.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Orlando Jimenez	Transaction ID: D333828 Date of Disbursement
Mailing Address 7511 Cielo Ct	<div> <div>10</div> <div>10</div> <div>2010</div> </div>
City Orlando State FL Zip Code 32822-7912	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee Candidate Name	<div>120.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Kester Brothers Reality	Transaction ID: D329170 Date of Disbursement																				
Mailing Address 615 E Atlantic Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Pompano Beach State FL Zip Code 33060-6343	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Lease/Rent Candidate Name	<table border="1"> <tr> <td colspan="10">1200.00</td> </tr> </table>	1200.00																			
1200.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Brett Leffen, Jr	Transaction ID: D333996 Date of Disbursement																				
Mailing Address 1848 Bonnie Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Saint Cloud State FL Zip Code 34771-9757	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvass Fee Candidate Name	<table border="1"> <tr> <td colspan="10">160.00</td> </tr> </table>	160.00																			
160.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Vanessa Manechetti	Transaction ID: D333821 Date of Disbursement																				
Mailing Address 320 Tennessee Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Saint Cloud State FL Zip Code 34769-2674	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvass Fee Candidate Name	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1480.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

William McKenzie

Mailing Address 214 S Bronough St

City Tallahassee State FL Zip Code 32301-1705

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D344464

Date of Disbursement

10 / 02 / 2010

Amount of Each Disbursement this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Rosa Medina

Mailing Address 7000 Harbor Heights Dr

City Orlando State FL Zip Code 32835-1863

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333835

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

80.00

C.

Full Name (Last, First, Middle Initial)

Maria Miranda

Mailing Address 576 Royal Palm Dr

City Kissimmee State FL Zip Code 34743-9456

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334007

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Murphy Putnam Media, Inc.

Mailing Address 901 N Washington St
Ste 500

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Media

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D358937

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Amount of Each Disbursement this Period

75000.00

B.

Full Name (Last, First, Middle Initial)

Murphy Putnam Media, Inc.

Mailing Address 901 N Washington St
Ste 500

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Wire return

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D427599

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Amount of Each Disbursement this Period

-75000.00

C.

Full Name (Last, First, Middle Initial)

Murphy Putnam Media, Inc.

Mailing Address 901 N Washington St
Ste 500

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Media

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D328849

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	0

Amount of Each Disbursement this Period

75000.00

SUBTOTAL of Disbursements This Page (optional)

75000.00

TOTAL This Period (last page this line number only)

B. Form/Schedule : **SB21B**
Transaction ID : **D427599**

Original Tran C6073767 - transaction corrected per FEC

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Reuben Neff

Mailing Address 2010 E Palm Ave
Apt 14322

City Tampa State FL Zip Code 33605-3934

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D343607

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Nesbitt Research

Mailing Address 2120 L St NW
Ste 305

City Washington State DC Zip Code 20037-1563

Purpose of Disbursement
Consulting/Research

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329161

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

New Partners Consulting, Inc.

Mailing Address 401 9th St NW
Ste 725

City Washington State DC Zip Code 20004-2176

Purpose of Disbursement
Consulting/Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329160

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

20383.19

SUBTOTAL of Disbursements This Page (optional)

23008.19

TOTAL This Period (last page this line number only)

C. Form/Schedule : **SB21B**
Transaction ID : **D329160**

Payments made to New Partners Consulting for Consulting/Fundraising were made on behalf of the Party and were for no specific federal candidates.

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Office Depot-Corporate	Transaction ID: D329921 Date of Disbursement																				
Mailing Address PO Box 633211	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	1	0												
City Cincinnati State OH Zip Code 45263-3211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">655.93</td> </tr> </table>	655.93																			
655.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Office of the US Trade Representative	Transaction ID: D329166 Date of Disbursement																				
Mailing Address 250 Murray Ln SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Washington State DC Zip Code 20509-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expense Candidate Name	<table border="1"> <tr> <td colspan="10">224.85</td> </tr> </table>	224.85																			
224.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mikeal Parlow	Transaction ID: D331827 Date of Disbursement																				
Mailing Address 615 Mount Olympus Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City New Smyrna Beach State FL Zip Code 32168-2421	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

930.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Payroll Matters	Transaction ID: D334037 Date of Disbursement																				
Mailing Address 2069 N Monroe St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Tallahassee State FL Zip Code 32303-4727	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">460.58</td> </tr> </table>	460.58																			
460.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Payroll Matters	Transaction ID: D334038 Date of Disbursement																				
Mailing Address 2069 N Monroe St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Tallahassee State FL Zip Code 32303-4727	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Fees Candidate Name	<table border="1"> <tr> <td colspan="10">7.25</td> </tr> </table>	7.25																			
7.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paul Pedron	Transaction ID: D333827 Date of Disbursement																				
Mailing Address 11602 Sarita Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Orlando State FL Zip Code 32817-3513	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvass Fee Candidate Name	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

587.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Ernesto Perez	Transaction ID: D333829 Date of Disbursement
Mailing Address 7713 Brookway St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32817-1576	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee Candidate Name	<div> <div>720.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Luz Perez	Transaction ID: D333813 Date of Disbursement
Mailing Address 2619 Judge Loop	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Kissimmee State FL Zip Code 34743-6079	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee Candidate Name	<div> <div>80.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Melida Perez	Transaction ID: D334008 Date of Disbursement
Mailing Address 939 Little Creek Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32825-7344	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee Candidate Name	<div> <div>80.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

880.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Wilson Perez

Mailing Address 939 Little Creek Rd

City
Orlando

State
FL

Zip Code
32825-7344

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334010

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Joseph J Pierce

Mailing Address 2656 S Scenic Hwy

City
Lake Wales

State
FL

Zip Code
33898-7409

Purpose of Disbursement
Phone Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D325068

Date of Disbursement

10 / 02 / 2010

Amount of Each Disbursement this Period

65.00

C.

Full Name (Last, First, Middle Initial)

Principal Financial Group

Mailing Address PO Box 14416
Dept. 900

City
Des Moines

State
IA

Zip Code
50306-3416

Purpose of Disbursement
Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329159

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

558.18

SUBTOTAL of Disbursements This Page (optional)

703.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Principal Financial Group

Mailing Address PO Box 14416
Dept. 900

City State Zip Code
Des Moines IA 50306-3416

Purpose of Disbursement
Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329172

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

349.66

B.

Full Name (Last, First, Middle Initial)

Wilfredo Ramirez

Mailing Address 472 Wurst Rd

City State Zip Code
Ocoee FL 34761-1527

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333816

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Amanda Reyes

Mailing Address 5317 Curry Ford Rd

City State Zip Code
Orlando FL 32812-8875

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333993

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

669.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Teresa Rios	Transaction ID: D334009 Date of Disbursement								
Mailing Address 138 Coralwood Cir	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>								
<table> <tr> <td>City Kissimmee</td> <td>State FL</td> <td>Zip Code 34743-8312</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Canvass Fee</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Kissimmee	State FL	Zip Code 34743-8312	Purpose of Disbursement Canvass Fee		<div>Category/ Type</div>	Candidate Name		Amount of Each Disbursement this Period <div>120.00</div>
City Kissimmee	State FL	Zip Code 34743-8312							
Purpose of Disbursement Canvass Fee		<div>Category/ Type</div>							
Candidate Name									
<table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:				
Office Sought:	Disbursement For:								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State: District:									
B. Full Name (Last, First, Middle Initial) Dimas Rivera	Transaction ID: D333817 Date of Disbursement								
Mailing Address 2641 Kinnon Dr	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>								
<table> <tr> <td>City Orlando</td> <td>State FL</td> <td>Zip Code 32817-2855</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Canvass Fee</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Orlando	State FL	Zip Code 32817-2855	Purpose of Disbursement Canvass Fee		<div>Category/ Type</div>	Candidate Name		Amount of Each Disbursement this Period <div>80.00</div>
City Orlando	State FL	Zip Code 32817-2855							
Purpose of Disbursement Canvass Fee		<div>Category/ Type</div>							
Candidate Name									
<table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:				
Office Sought:	Disbursement For:								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State: District:									
C. Full Name (Last, First, Middle Initial) Diosvany Rosado	Transaction ID: D333839 Date of Disbursement								
Mailing Address 5504 Bonefish St	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>								
<table> <tr> <td>City Orlando</td> <td>State FL</td> <td>Zip Code 32812-2317</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Canvass Fee</td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Orlando	State FL	Zip Code 32812-2317	Purpose of Disbursement Canvass Fee		<div>Category/ Type</div>	Candidate Name		Amount of Each Disbursement this Period <div>640.00</div>
City Orlando	State FL	Zip Code 32812-2317							
Purpose of Disbursement Canvass Fee		<div>Category/ Type</div>							
Candidate Name									
<table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:				
Office Sought:	Disbursement For:								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State: District:									

SUBTOTAL of Disbursements This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Catalina Rosales	Transaction ID: D333997 Date of Disbursement
Mailing Address 7760 Fox Knoll PI	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Winter Park State FL Zip Code 32792-9401	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee Candidate Name	<div> <div>40.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Royal Performace Group	Transaction ID: D364349 Date of Disbursement
Mailing Address 2100 Western Ave Ste 80	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 3 / 2 0 1 0</div> </div>
City Lisle State IL Zip Code 60532-1971	Amount of Each Disbursement this Period
Purpose of Disbursement Shipping Candidate Name	<div> <div>26.50</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Helen Salazar	Transaction ID: D334003 Date of Disbursement
Mailing Address 576 Royal Palm Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 1 0</div> </div>
City Kissimmee State FL Zip Code 34743-9456	Amount of Each Disbursement this Period
Purpose of Disbursement Canvass Fee Candidate Name	<div> <div>160.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

226.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

John Salazar

Mailing Address 576 Royal Palm Dr

City
Kissimmee

State
FL

Zip Code
34743-9456

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D334004

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Audeliz Sanchez

Mailing Address 3104 Orchard Pl

City
Kissimmee

State
FL

Zip Code
34743-7897

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333994

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Marian Sanders

Mailing Address 3755 Dairy Rd

City
Titusville

State
FL

Zip Code
32796-4210

Purpose of Disbursement
Admin Lease/Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329168

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

460.04

SUBTOTAL of Disbursements This Page (optional)

740.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Yasmin Santiago	Transaction ID: D333824 Date of Disbursement																				
Mailing Address 2912 Stallion Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	1	0												
City Orlando State FL Zip Code 32822-3827	Amount of Each Disbursement this Period																				
Purpose of Disbursement Canvass Fee Candidate Name	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Phillip Shaw	Transaction ID: D343606 Date of Disbursement																				
Mailing Address 214 S Bronough St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Tallahassee State FL Zip Code 32301-1705	Amount of Each Disbursement this Period																				
Purpose of Disbursement auto travel Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SKD Knickerbocker	Transaction ID: D328874 Date of Disbursement																				
Mailing Address 1818 N St NW Ste 450	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Washington State DC Zip Code 20036-2473	Amount of Each Disbursement this Period																				
Purpose of Disbursement Media Candidate Name	<table border="1"> <tr> <td colspan="10">39921.80</td> </tr> </table>	39921.80																			
39921.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

40036.80

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

1500.00

103.04

252.73

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Matthew Susi

Mailing Address 9219 Everwood St

City
Orlando

State
FL

Zip Code
32825-8017

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333814

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Vangie Torres

Mailing Address 222 Tennessee Ave

City
Saint Cloud

State
FL

Zip Code
34769-2174

Purpose of Disbursement
Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333820

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Hafsah Ullah

Mailing Address 11336 Bridge House Rd

City
Windermere

State
FL

Zip Code
34786-5405

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D332003

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Janet Velazquez

Mailing Address 2427 Academy Cir E
Apt E-104

City Kissimmee State FL Zip Code 34744-8505

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333815

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Misael Velez

Mailing Address 955 Solandra Drive

City Orlando State FL Zip Code 32807

Purpose of Disbursement

Canvass Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D333818

Date of Disbursement

10 / 10 / 2010

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Ashley Walker

Mailing Address 1007 N Federal Hwy
1010 Seminole Dr., #1001

City Ft Lauderdale State FL Zip Code 33304-1422

Purpose of Disbursement

Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329163

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

2046.00

SUBTOTAL of Disbursements This Page (optional)

2286.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) WRI-TC	Transaction ID: D329167 Date of Disbursement																				
Mailing Address 2720 E Colonial Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Orlando State FL Zip Code 32803-5025	Amount of Each Disbursement this Period																				
Purpose of Disbursement Admin Lease/Rent Candidate Name	<table border="1"> <tr> <td colspan="10">1076.67</td> </tr> </table>	1076.67																			
1076.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Christopher Turner	Transaction ID: D329174 Date of Disbursement																				
Mailing Address 2626 E Park Ave Apt 6104	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Tallahassee State FL Zip Code 32301-0816	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">51.73</td> </tr> </table>	51.73																			
51.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hardee's Corporation	Transaction ID: D329175 Date of Disbursement																				
Mailing Address 9210 Baymeadows Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Jacksonville State FL Zip Code 32256-7708	Amount of Each Disbursement this Period																				
Purpose of Disbursement Breakfast Meeting Candidate Name	<table border="1"> <tr> <td colspan="10">51.73</td> </tr> </table>	51.73																			
51.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1128.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317-9409

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329177

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

60.87

B.

Full Name (Last, First, Middle Initial)

Matthew Wilson

Mailing Address 5760 Braveheart Way

City Tallahassee State FL Zip Code 32317-9409

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329178

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

60.87

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Kevin Chambliss

Mailing Address 746 N Annie Glidden Rd
Apt 404

City Dekalb State IL Zip Code 60115-2130

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329179

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

210.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329180

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

John Estes

Mailing Address 9884 SW 26th Ter

City
Miami

State
FL

Zip Code
33165-2627

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329181

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

121.73

C.

Full Name (Last, First, Middle Initial)

Roque Coral Way

Mailing Address SW 93rd Street

City
Miami

State
FL

Zip Code
33137

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329182

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

121.73

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

121.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Sabrina Diz

Mailing Address 142 SE 9th Ct

City
Hialeah

State
FL

Zip Code
33010-5531

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329183

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

305.02

B.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329185

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

264.52

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St

City
Tallahassee

State
FL

Zip Code
32399-3601

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329184

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

40.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

305.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Gaston Araoz

Mailing Address 1505 Crystal Dr
Apt 504

City Arlington State VA Zip Code 22202-4117

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329186

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

83.31

B.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City Ocoee State FL Zip Code 34761

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329188

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2.25

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City Houston State TX Zip Code 77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329187

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

81.06

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

83.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Christopher Turner

Mailing Address 2626 E Park Ave
Apt 6104

City Tallahassee State FL Zip Code 32301-0816

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329189

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

185.00

B.

Full Name (Last, First, Middle Initial)

Kangaroo express

Mailing Address 861 E State Road 44

City Wildwood State FL Zip Code 34785-8406

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329190

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement

Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329191

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

110.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D329192 Date of Disbursement																				
Mailing Address 5760 Braveheart Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Tallahassee State FL Zip Code 32317-9409	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">128.38</td> </tr> </table>	128.38																			
128.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Matthew Wilson	Transaction ID: D329193 Date of Disbursement																				
Mailing Address 5760 Braveheart Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Tallahassee State FL Zip Code 32317-9409	Amount of Each Disbursement this Period																				
Purpose of Disbursement Auto Travel Candidate Name	<table border="1"> <tr> <td colspan="10">128.38</td> </tr> </table>	128.38																			
128.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ray Charles Jones	Transaction ID: D329194 Date of Disbursement																				
Mailing Address 2121 W Tennessee St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Tallahassee State FL Zip Code 32304-3118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">17.18</td> </tr> </table>	17.18																			
17.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

145.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ray Charles Jones

Mailing Address 2121 W Tennessee St

City
Tallahassee

State
FL

Zip Code
32304-3118

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329195

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

17.18

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Emily McIlveene

Mailing Address 148 Meadow Brook Dr

City
Rock Spring

State
GA

Zip Code
30739-2341

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329196

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

168.18

C.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City
Ocoee

State
FL

Zip Code
34761

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329197

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

168.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329198

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

166.18

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Justin Shoham

Mailing Address 28 Lark Pl

City
Old Bridge

State
NJ

Zip Code
08857-3062

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329199

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

229.40

C.

Full Name (Last, First, Middle Initial)

Citgo - Corporate

Mailing Address 1293 Eldridge Pkwy

City
Houston

State
TX

Zip Code
77077-1670

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329200

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

229.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

229.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Andrea D Huerfano

Mailing Address 2949 Riverside Dr
Apt 227

City State Zip Code
Coral Springs FL 33065-1017

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

189.70

B.

Full Name (Last, First, Middle Initial)

Chevron

Mailing Address 501 El Camino Real

City State Zip Code
Millbrae CA 94030-2030

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

151.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St

City State Zip Code
Tallahassee FL 32399-3601

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329203

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

189.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Hector Martinez

Mailing Address 11100 SW 46th St

City
Miami

State
FL

Zip Code
33165-4735

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329204

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

158.50

B.

Full Name (Last, First, Middle Initial)

Mobil Gas

Mailing Address 4705 W Lake Mary Blvd

City
Lake Mary

State
FL

Zip Code
32746-4305

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329205

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

158.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Maria Quezada

Mailing Address 322 E Mayfield Blvd

City
San Antonio

State
TX

Zip Code
78214-2448

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329206

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

182.05

SUBTOTAL of Disbursements This Page (optional)

340.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Chevron

Mailing Address 501 El Camino Real

City Millbrae State CA Zip Code 94030-2030

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329207

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

182.05

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Edgar Mendez

Mailing Address 14936 SW 15th Ln

City Miami State FL Zip Code 33194-2534

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329208

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-2596

Purpose of Disbursement
Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329209

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Ricardo Junquera

Mailing Address 10041 SW 48th St

City
Miami

State
FL

Zip Code
33165-6379

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329210

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

311.66

B.

Full Name (Last, First, Middle Initial)

Citgo - Corporate

Mailing Address 1293 Eldridge Pkwy

City
Houston

State
TX

Zip Code
77077-1670

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329211

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

184.66

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address 6450 Sprint Pkwy

City
Overland Park

State
KS

Zip Code
66251-6105

Purpose of Disbursement
Admin Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329212

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

311.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunpass</p> <p>Mailing Address 605 Suwannee St</p> <p>City Tallahassee State FL Zip Code 32399-3601</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329213</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>27.00</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Denise Rodriguez</p> <p>Mailing Address 12514 Wandering Brook Dr</p> <p>City Charlotte State NC Zip Code 28273-6974</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329214</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>86.06</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Florida's Turnpike</p> <p>Mailing Address Turnpike Mile Post 263 Bldg. 5315</p> <p>City Ocoee State FL Zip Code 34761</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329217</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2.00</div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

86.06

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329216

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

84.06

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Tarin Nix

Mailing Address 2704 French Pl
Apt G

City
Austin

State
TX

Zip Code
78722-2330

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329218

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

319.68

C.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329219

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

247.03

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

319.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St

City Tallahassee State FL Zip Code 32399-3601

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329220

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

72.65

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Lucas P Barks

Mailing Address 71 Gray Rd

City Gorham State ME Zip Code 04038-1110

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329222

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

198.66

C.

Full Name (Last, First, Middle Initial)

RaceTrac Petroleum Incorporated

Mailing Address 3535 W Silver Springs Blvd

City Ocala State FL Zip Code 34475-5641

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329223

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

158.66

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

198.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunpass</p> <p>Mailing Address 605 Suwannee St</p> <p>City Tallahassee State FL Zip Code 32399-3601</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329224</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>40.00</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Matthew Coppens</p> <p>Mailing Address 2830 4th St NW</p> <p>City Naples State FL Zip Code 34120-1394</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329225</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>510.02</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 538695</p> <p>City Atlanta State GA Zip Code 30353-8695</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D329227</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>80.12</div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

510.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Chevron	Transaction ID: D329226 Date of Disbursement
Mailing Address 501 El Camino Real	<div> <div>10</div> <div>01</div> <div>2010</div> </div>
City Millbrae State CA Zip Code 94030-2030	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel Candidate Name	<div>429.90</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
B. Full Name (Last, First, Middle Initial) Nicholas Pellito	Transaction ID: D329229 Date of Disbursement
Mailing Address 445 Appleyard Dr Apt A2-5	<div> <div>10</div> <div>06</div> <div>2010</div> </div>
City Tallahassee State FL Zip Code 32304-2868	Amount of Each Disbursement this Period
Purpose of Disbursement Staff Reimbursement Candidate Name	<div>578.38</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
C. Full Name (Last, First, Middle Initial) The Westin Diplomat Resort & Spa	Transaction ID: D329231 Date of Disbursement
Mailing Address 3555 S Ocean Dr	<div> <div>10</div> <div>06</div> <div>2010</div> </div>
City Hollywood State FL Zip Code 33019-2827	Amount of Each Disbursement this Period
Purpose of Disbursement Travel/Lodging Candidate Name	<div>422.92</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>

SUBTOTAL of Disbursements This Page (optional)

578.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) WalMart Stores, Inc.	Transaction ID: D329232 Date of Disbursement
Mailing Address 702 SW 8th St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 6 / 2 0 1 0</div> </div>
City Bentonville State AR Zip Code 72716-6209	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Office Supplies Candidate Name	<div> <div>155.46</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mildred O. Smith	Transaction ID: D329834 Date of Disbursement
Mailing Address 3550 Esplanade Way Apt 8107	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 5 / 2 0 1 0</div> </div>
City Tallahassee State FL Zip Code 32311-3755	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div> <div>296.87</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Florida's Turnpike	Transaction ID: D329841 Date of Disbursement
Mailing Address Turnpike Mile Post 263 Bldg. 5315	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 5 / 2 0 1 0</div> </div>
City Ocoee State FL Zip Code 34761	Amount of Each Disbursement this Period
Purpose of Disbursement Auto Travel Candidate Name	<div> <div>41.70</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

296.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Shell Gas - Corporate

Mailing Address PO Box 2463

City
Houston

State
TX

Zip Code
77252-2463

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329837

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

255.17

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Eric Jotkoff

Mailing Address 3607 Eagle Nest Ct

City
Melbourne

State
FL

Zip Code
32904-9515

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329843

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

673.42

C.

Full Name (Last, First, Middle Initial)

Eric Jotkoff

Mailing Address 3607 Eagle Nest Ct

City
Melbourne

State
FL

Zip Code
32904-9515

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329844

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

255.36

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

673.42

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Orbitz

Mailing Address 200 S Wacker Dr

City
ChicagoState
ILZip Code
60606-5829Purpose of Disbursement
Air Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329846

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Amount of Each Disbursement this Period

290.40

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

The Westin Diplomat Resort & Spa

Mailing Address 3555 S Ocean Dr

City
HollywoodState
FLZip Code
33019-2827Purpose of Disbursement
Travel/Lodging

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329845

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Amount of Each Disbursement this Period

127.66

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Stephen Carville

Mailing Address 2401 W Morrison Ave
6610 Burden LnCity
TampaState
FLZip Code
33629-4756Purpose of Disbursement
Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329848

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	0

Amount of Each Disbursement this Period

67.39

SUBTOTAL of Disbursements This Page (optional)

67.39

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Stephen Carville

Mailing Address 2401 W Morrison Ave
6610 Burden Ln

City Tampa State FL Zip Code 33629-4756

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329849

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Amount of Each Disbursement this Period

67.39

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Connor Davis

Mailing Address 116 7th Ave N

City Saint Petersburg State FL Zip Code 33701-2516

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329850

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Amount of Each Disbursement this Period

40.41

C.

Full Name (Last, First, Middle Initial)

Sweetbay Supermarket

Mailing Address 3801 Sugar Palm Dr

City Tampa State FL Zip Code 33619-8301

Purpose of Disbursement

Admin Office Supplies

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329852

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Amount of Each Disbursement this Period

6.41

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

40.41

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 2825 Lone Oak Pkwy
Accounting Service Center

City Eagan State MN Zip Code 55121-1551

Purpose of Disbursement

Admin Shipping

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329851

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

David Browne

Mailing Address 417 S Paloma Pl

City Tampa State FL Zip Code 33609-3711

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329853

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

13.65

C.

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 2825 Lone Oak Pkwy
Accounting Service Center

City Eagan State MN Zip Code 55121-1551

Purpose of Disbursement

Admin Shipping

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329854

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

13.65

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

13.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Mike Stroyan	Transaction ID: D329855 Date of Disbursement
Mailing Address 7941 Georgian Bay Cir	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City State Zip Code Fort Myers FL 33912-5655	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>61.84</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sweetbay Supermarket	Transaction ID: D329856 Date of Disbursement
Mailing Address 3801 Sugar Palm Dr	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City State Zip Code Tampa FL 33619-8301	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Office Supplies Candidate Name	<div>61.84</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Steven Phillips-Horst	Transaction ID: D329857 Date of Disbursement
Mailing Address 289 Harman St Apt 2L	<div> <div>10</div> <div>08</div> <div>2010</div> </div>
City State Zip Code Brooklyn NY 11237-4946	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>32.65</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

94.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Apple, Inc.

Mailing Address 1 Infinite Loop

City State Zip Code
Cupertino CA 95014-2083

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329858

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

32.65

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ms. Christina Boltin

Mailing Address 2413 Bayshore Blvd

City State Zip Code
Tampa FL 33629-7333

Purpose of Disbursement
Staff Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329860

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

474.45

C.

Full Name (Last, First, Middle Initial)

Republic Parking

Mailing Address 999 E Adams St

City State Zip Code
Jacksonville FL 32202-2207

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329862

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

124.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

474.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
The Westin Diplomat Resort & Spa

Mailing Address 3555 S Ocean Dr

City State Zip Code
Hollywood FL 33019-2827

Purpose of Disbursement

Travel/Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D329861

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

350.07

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Anthony Nagatani

Mailing Address 1300 Elizabeth Ave
Apt 15

City State Zip Code
Las Vegas NV 89119-6449

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D330042

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

148.90

C. Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address PO Box 4607

City State Zip Code
Houston TX 77210-4607

Purpose of Disbursement

Air Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D330043

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

148.90

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

148.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Connor Davis

Mailing Address 116 7th Ave N

City
Saint Petersburg

State
FL

Zip Code
33701-2516

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330044

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

254.35

B.

Full Name (Last, First, Middle Initial)

Sweetbay Supermarket

Mailing Address 3801 Sugar Palm Dr

City
Tampa

State
FL

Zip Code
33619-8301

Purpose of Disbursement
Admin Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330046

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

254.35

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Natalie Rojas

Mailing Address 1702 14th Street

City
Tampa

State
FL

Zip Code
33605

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D330049

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

59.33

SUBTOTAL of Disbursements This Page (optional)

313.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Home Depot</p> <p>Mailing Address 3200 Capital Cir NE</p> <p>City Tallahassee State FL Zip Code 32308-3708</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D330050</p> <p>Date of Disbursement <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>59.33</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Eric Jotkoff</p> <p>Mailing Address 3607 Eagle Nest Ct</p> <p>City Melbourne State FL Zip Code 32904-9515</p> <p>Purpose of Disbursement Staff Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D330051</p> <p>Date of Disbursement <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2809.03</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 538695</p> <p>City Atlanta State GA Zip Code 30353-8695</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D330052</p> <p>Date of Disbursement <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2632.20</div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

2809.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Depot-Corporate</p> <p>Mailing Address PO Box 633211</p> <p>City Cincinnati State OH Zip Code 45263-3211</p> <p>Purpose of Disbursement Admin Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D330054</p> <p>Date of Disbursement <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>113.23</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Virgin Mobile</p> <p>Mailing Address 100 E Magnolia Dr</p> <p>City Tallahassee State FL Zip Code 32301-5567</p> <p>Purpose of Disbursement Admin Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D330053</p> <p>Date of Disbursement <div> <div>10</div> <div>11</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>63.60</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Royal Performace Group</p> <p>Mailing Address 2100 Western Ave Ste 80</p> <p>City Lisle State IL Zip Code 60532-1971</p> <p>Purpose of Disbursement Auto Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D331081</p> <p>Date of Disbursement <div> <div>10</div> <div>13</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3255.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

3255.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

[MEMO ITEM]

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Barbara Beavney

Mailing Address 1685 NW 129th St

City North Miami State FL Zip Code 33167-2243

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D381868

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Christopher Bolling

Mailing Address 214 S Bronough St

City Tallahassee State FL Zip Code 32301-1705

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D381873

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

230.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Eric Bornstein

Mailing Address 12 Bellevue Ave

City Dobbs Ferry State NY Zip Code 10522-2606

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D381872

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

310.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Janice Coleman

Mailing Address PO Box 243671

City
Boynton Beach

State
FL

Zip Code
33424-3671

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D381869

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Kevin Liao

Mailing Address 1304 Park Rd NW

City
Washington

State
DC

Zip Code
20010-7248

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364415

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Nicholas Michalik

Mailing Address 9452 Laura Anne Dr

City
Seminole

State
FL

Zip Code
33776-1600

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364405

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Nicholas Michalik

Mailing Address 9452 Laura Anne Dr

City Seminole State FL Zip Code 33776-1600

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364406

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

130.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Reuben Neff

Mailing Address 2010 E Palm Ave
Apt 14322

City Tampa State FL Zip Code 33605-3934

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364403

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

195.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Natalie Rojas

Mailing Address 1702 14th Street

City Tampa State FL Zip Code 33605

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D381865

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Dana Singer

Mailing Address 622 8th St

City
Marietta

State
OH

Zip Code
45750-1937

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D364408

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

115.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Omar Syed

Mailing Address 13538 Lake Magdalene Dr

City
Tampa

State
FL

Zip Code
33613-4130

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D381867

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

285.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Adam Unger

Mailing Address 2309 Old Bainbridge Rd
101 C

City
Tallahassee

State
FL

Zip Code
32303-3805

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D381870

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

285.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

James Wheeler

Mailing Address 2418 Teresa Cir
Apt D

City Tampa State FL Zip Code 33629-6148

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D381871

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

195.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mildred O. Smith

Mailing Address 3550 Esplanade Way
Apt 8107

City Tallahassee State FL Zip Code 32311-3755

Purpose of Disbursement
Staff Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331090

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

330.91

C.

Full Name (Last, First, Middle Initial)

Florida's Turnpike

Mailing Address Turnpike Mile Post 263
Bldg. 5315

City Ocoee State FL Zip Code 34761

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331092

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

32.45

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

330.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Murphy USA

Mailing Address 4712 Colonial Blvd

City
Fort Myers

State
FL

Zip Code
33966-1034

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331091

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

298.46

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Edith Robles

Mailing Address 305 Bullard St

City
Fairfield

State
CT

Zip Code
06825-3719

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331093

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

87.70

C.

Full Name (Last, First, Middle Initial)

Spirit Airlines

Mailing Address 2800 Executive Way

City
Miramar

State
FL

Zip Code
33025-6542

Purpose of Disbursement
Air Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331094

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

87.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

87.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Jeffrey E Branch

Mailing Address 3700 Capital Cir SE
Apt 520

City Tallahassee State FL Zip Code 32311-2706

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331095

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

155.46

B.

Full Name (Last, First, Middle Initial)

Jeffrey E Branch

Mailing Address 3700 Capital Cir SE
Apt 520

City Tallahassee State FL Zip Code 32311-2706

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331096

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

147.96

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sunpass

Mailing Address 605 Suwannee St

City Tallahassee State FL Zip Code 32399-3601

Purpose of Disbursement

Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331097

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

7.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

155.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Hafsah Ullah	Transaction ID: D331099 Date of Disbursement
Mailing Address 11336 Bridge House Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City Windermere State FL Zip Code 34786-5405	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div> <div>109.63</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: D331103 Date of Disbursement
Mailing Address PO Box 742596	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City Cincinnati State OH Zip Code 45274-2596	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone Candidate Name	<div> <div>95.56</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WalMart Stores, Inc.	Transaction ID: D331104 Date of Disbursement
Mailing Address 702 SW 8th St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 1 0</div> </div>
City Bentonville State AR Zip Code 72716-6209	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Office Supplies Candidate Name	<div> <div>14.07</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

109.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Christopher Turner

Mailing Address 2626 E Park Ave
Apt 6104

City Tallahassee State FL Zip Code 32301-0816

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331128

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

62.56

B.

Full Name (Last, First, Middle Initial)

Publix Super Markets, Inc.

Mailing Address P.O. 32009
PO Box 407

City Lakeland State FL Zip Code 33802-0407

Purpose of Disbursement

Lunch Meeting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331130

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

62.56

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mikeal Parlow

Mailing Address 615 Mount Olympus Blvd

City New Smyrna Beach State FL Zip Code 32168-2421

Purpose of Disbursement

Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331140

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

182.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 / 125

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D331141 Date of Disbursement
Mailing Address PO Box 660108	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Dallas State TX Zip Code 75266-0108	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone Candidate Name	<div>120.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
B. Full Name (Last, First, Middle Initial) Jordan J Budd	Transaction ID: D331142 Date of Disbursement
Mailing Address 128 Century Dr	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Easley State SC Zip Code 29642	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	<div>111.56</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
C. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D331143 Date of Disbursement
Mailing Address PO Box 538695	<div> <div>10</div> <div>12</div> <div>2010</div> </div>
City Atlanta State GA Zip Code 30353-8695	Amount of Each Disbursement this Period
Purpose of Disbursement Admin Cell Phone Candidate Name	<div>111.56</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>

SUBTOTAL of Disbursements This Page (optional)

111.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Daniel Krassner

Mailing Address 715 N Calhoun St
Apt 4

City Tallahassee State FL Zip Code 32303-8706

Purpose of Disbursement
Auto Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D364497

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

316751.23

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 125

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

Florida Department of State

Mailing Address 500 S Bronough St
R A GRAY BLDG

City Tallahassee State FL Zip Code 32399-6504

Purpose of Disbursement
Voter File

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D329153

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Sophia Nelson

Mailing Address 5883 Caribbean Blvd
Apt 33407

City West Palm Beach State FL Zip Code 33407-1801

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D326040

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

1192.25

C.

Full Name (Last, First, Middle Initial)

Planning Works

Mailing Address 913 Prospect Ct S

City Saint Petersburg State FL Zip Code 33701-4745

Purpose of Disbursement
Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D326050

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

19320.00

SUBTOTAL of Disbursements This Page (optional)

20522.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial)

SKD Knickerbocker

Mailing Address 1818 N St NW
Ste 450

City Washington State DC Zip Code 20036-2473

Purpose of Disbursement

Direct Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D331139

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2010

Amount of Each Disbursement this Period

21755.74

SUBTOTAL of Disbursements This Page (optional)

21755.74

TOTAL This Period (last page this line number only)

42277.99

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 102 / 125

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Production Resource GroupNature of Debt (Purpose):
Audio Visual/Conference

Mailing Address 1902 Cypress Lake Dr

City	State	ZIP Code
Orlando	FL	32837-8458

Outstanding Balance Beginning This Period

18541.50

Transaction ID: D119404

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18541.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

18541.50

2) **TOTALS** This Period (last page this line number only)..... ▶

18541.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18541.50

SCHEDULE F (FECForm 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 103 / 125

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Full Name of Subordinate Committee DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA	
If YES, name the designating committee:		Mailing Address 214 South Bronough Street	
		City Tallahassee	State FL ZIP Code 32302
Full Name (Last, First, Middle Initial) of Each Payee Checkmate Consulting		Purpose of Expenditure Direct Mail	<div>Category/Type</div>
Mailing Address 3509 Connecticut Ave NW # 1075			
City Washington		State DC ZIP Code 20008-2400	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ►		Amount 6700.00	
		Transaction ID: D329173	

SUBTOTAL of Expenditures This Page (optional)	6700.00
TOTAL This Period (last page this line number only)	6700.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 104 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
101 Rest and Mint Lounge

Mailing Address

215 W College Ave

City	State	Zip Code
Tallahassee	FL	32301-7751

 Purpose of Disbursement:
Dinner Meeting
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	1	0

Transaction ID: D329920

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.34		38.88		49.22

B. Full Name (Last, First, Middle Initial)
Anagram Corporation

Mailing Address

310 W Jefferson St

City	State	Zip Code
Tallahassee	FL	32301-1419

 Purpose of Disbursement:
Admin Lease/Rent
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

Transaction ID: D329140

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
801.41		3014.84		3816.25

C. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Florida

Mailing Address

PO Box 2210

City	State	Zip Code
Jacksonville	FL	32203-2210

 Purpose of Disbursement:
Benefits
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	1	0

Transaction ID: D329146

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1285.46		4835.80		6121.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2097.21		7889.52		9986.73

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 105 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)

Blue State Digital, LLC

Mailing Address

734 15th St NW Ste 1200

City	State	Zip Code
Washington	DC	20005-1013

Purpose of Disbursement:
Admin WebsiteCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	6

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329157

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

309.17

1163.08

1472.25

B. Full Name (Last, First, Middle Initial)

Century Link

Mailing Address

PO Box 96064

City	State	Zip Code
Charlotte	NC	28296-0064

Purpose of Disbursement:
Admin TelephoneCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329145

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

125.42

471.83

597.25

C. Full Name (Last, First, Middle Initial)

Everest National Insurance Company

Mailing Address

PO Box 917807

City	State	Zip Code
Orlando	FL	32891-7807

Purpose of Disbursement:
BenefitsCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	6

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D328834

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

21.72

81.70

103.42

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

456.31

1716.61

2172.92

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 106 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Figgers Computers, Inc

Mailing Address

PO Box 14987

City	State	Zip Code
Tallahassee	FL	32317-4987

Purpose of Disbursement:
Consulting/ITCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date 10 / 07 / 2010

Transaction ID: D329152

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.17		75.88		96.05

B. Full Name (Last, First, Middle Initial)
Florida Labor Law Poster Service

Mailing Address

5859 W Saginaw Hwy 422 Elmwood Drive, #14

City	State	Zip Code
Lansing	MI	48917-2460

Purpose of Disbursement:
Admin Office SuppliesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date 10 / 06 / 2010

Transaction ID: D329155

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.02		45.23		57.25

C. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
Admin InternetCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date 10 / 04 / 2010

Transaction ID: D328831

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.28		8.58		10.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.47		129.69		164.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 107 / 125

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
Admin Internet

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D328832

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2.28

8.58

10.86

B. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
Admin Internet

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D328830

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2.28

8.58

10.86

C. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

City	State	Zip Code
New York	NY	10019-3878

Purpose of Disbursement:
Admin Internet

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329913

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

329.15

1238.23

1567.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

333.71

1255.39

1589.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 108 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

 City State Zip Code
New York NY 10019-3878

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: D331132

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.67		6.27		7.94

B. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

 City State Zip Code
New York NY 10019-3878

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: D331190

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.49		5.61		7.10

C. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

 City State Zip Code
New York NY 10019-3878

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: D331133

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.67		6.27		7.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.83		18.15		22.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 109 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
Intermedia.Net

Mailing Address

156 W 56th St Ste 1601

 City State Zip Code
New York NY 10019-3878

 Purpose of Disbursement:
Admin Internet
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Transaction ID: D331135

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.67		6.27		7.94

B. Full Name (Last, First, Middle Initial)
Intuit Software

Mailing Address

2632 Marine Way

 City State Zip Code
Mountain View CA 94043-1126

 Purpose of Disbursement:
Admin Office Supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: D329919

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.34		110.38		139.72

C. Full Name (Last, First, Middle Initial)
Luke Kosar

Mailing Address

219 W Orlando St

 City State Zip Code
Orlando FL 32804-5427

 Purpose of Disbursement:
Travel/Lodging
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: D329859

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
136.01		511.65		647.66

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 110 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
NGP VAN, Inc.

Mailing Address

1101 15th Street, NW Ste 500 25 I St NW

 City State Zip Code
Washington DC 20005-5918

 Purpose of Disbursement:
Software/Compliance
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: D331115

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

315.00

1185.00

1500.00

B. Full Name (Last, First, Middle Initial)
One Source Supply Center

Mailing Address

5855 Green Valley Cir Ste 206

 City State Zip Code
Culver City CA 90230-6968

 Purpose of Disbursement:
Admin Office Supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: D329139

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

363.26

1366.57

1729.83

C. Full Name (Last, First, Middle Initial)
Osmond Johnson Janitorial Service

Mailing Address

24131 Lake Talquin Rd

 City State Zip Code
Tallahassee FL 32310-4603

 Purpose of Disbursement:
Janitorial Service
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: D329150

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

126.00

474.00

600.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

804.26

3025.57

3829.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 111 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
PAi

Mailing Address

PO Box 60

City	State	Zip Code
De Pere	WI	54115-0060

Purpose of Disbursement:
BenefitsCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329915

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

27.93

105.07

133.00

B. Full Name (Last, First, Middle Initial)
Principal Financial Group

Mailing Address

PO Box 14416 Dept. 900

City	State	Zip Code
Des Moines	IA	50306-3416

Purpose of Disbursement:
BenefitsCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329142

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

104.98

394.92

499.90

C. Full Name (Last, First, Middle Initial)
Service Office Supply

Mailing Address

PO Box 15038

City	State	Zip Code
Tallahassee	FL	32317-5038

Purpose of Disbursement:
Admin Office SuppliesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329144

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

156.06

587.06

743.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

288.97

1087.05

1376.02

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 112 / 125
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
T-Mobile

Mailing Address

PO Box 742596

City	State	Zip Code
Cincinnati	OH	45274-2596

 Purpose of Disbursement:
Admin Cell Phone
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	1	0

Transaction ID: D329147

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.48		92.10		116.58

B. Full Name (Last, First, Middle Initial)
U.S. Postmaster - Tampa

Mailing Address

5433 W Sligh Ave Bldg. A, Suite A

City	State	Zip Code
Tampa	FL	33634-9604

 Purpose of Disbursement:
Admin Shipping
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	1	0

Transaction ID: D329141

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
696.23		2619.13		3315.36

C. Full Name (Last, First, Middle Initial)
U.S. Postmaster - Tampa

Mailing Address

5433 W Sligh Ave Bldg. A, Suite A

City	State	Zip Code
Tampa	FL	33634-9604

 Purpose of Disbursement:
Admin Shipping
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Transaction ID: D331192

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1089.26		4097.68		5186.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1809.97		6808.91		8618.88

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 113 / 125

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

City	State	Zip Code
Eagan	MN	55121-1551

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329916

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.65

13.75

17.40

B. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

City	State	Zip Code
Eagan	MN	55121-1551

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329917

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.65

13.75

17.40

C. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address

2825 Lone Oak Pkwy Accounting Service Center

City	State	Zip Code
Eagan	MN	55121-1551

Purpose of Disbursement:
Admin Shipping

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329918

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.65

13.75

17.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.95

41.25

52.20

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 114 / 125
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A. Full Name (Last, First, Middle Initial)
 UPS

Mailing Address

PO Box 72470244

City	State	Zip Code
Philadelphia	PA	19170-0001

Purpose of Disbursement:
 Admin Shipping

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D329143

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.12		49.37		62.49

B. Full Name (Last, First, Middle Initial)
 Scott Arceneaux

Mailing Address

1544 Lorimier Rd

City	State	Zip Code
Jacksonville	FL	32207-4240

Purpose of Disbursement:
 Staff Reimbursement

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
1	2

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D331119

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.50		189.98		240.48

C. Full Name (Last, First, Middle Initial)
 Scott Arceneaux

Mailing Address

1544 Lorimier Rd

City	State	Zip Code
Jacksonville	FL	32207-4240

Purpose of Disbursement:
 Auto Travel

Category/Type

Activity or Event Identifier:
 Administrative

[MEMO ITEM]

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

977627.86

Date

M	M
1	0

 /

D	D
1	2

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D331120

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.50		189.98		240.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.62		239.35		302.97

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
6040.31	22723.14	28763.45

SCHEDULE L (FEC Form 3X)

115 / 125

AGGREGATION PAGE: LEVIN FUNDSTransaction ID: **SchedL1**

NAME OF COMMITTEE (In Full)
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

NAME OF ACCOUNT
NF expenses

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	345000.00	355000.00
b. Unitemized.....	0.00	0.00
c. Total.....	345000.00	355000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	345000.00	355000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	355000.00	355000.00
e. Total.....	355000.00	355000.00
5. OTHER DISBURSEMENTS.....	0.00	23405.22
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	355000.00	378405.22
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS..... (from Line 3)	345000.00	355000.00
9. SUBTOTAL..... (Add Lines 7 and 8)	345000.00	355000.00
10. DISBURSEMENTS..... (From Line 6)	355000.00	378405.22
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	-10000.00	-23405.22

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 116 / 125

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Advance America

Mailing Address 135 N Church St

City Spartanburg State SC Zip Code 29306-5138

Name of Employer or Principal Place of Business
Advance America

Occupation
Check Cashing

Transaction ID:C4924196

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. ARDA ROC-PAC

Mailing Address 1201 15th St NW
FI 4

City Washington State DC Zip Code 20005-2842

Name of Employer or Principal Place of Business
ARDA ROC-PAC

Occupation
PAC

Transaction ID:C4978474

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. BC Property Investments, L. C.

Mailing Address 4500 Biscayne Blvd
Ste 360

City Miami State FL Zip Code 33137-3233

Name of Employer or Principal Place of Business
BC Property Investments,

Occupation
Real Estate

Transaction ID:C4780294

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

D. Benderson Management Services, LLC

Mailing Address 570 Delaware Ave

City Buffalo State NY Zip Code 14202-1207

Name of Employer or Principal Place of Business
Benderson Management Serv-

ices
Occupation
Management Service

Transaction ID:C4978558

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 117 / 125

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Blue Cross and Blue Shield of Florida

Mailing Address PO Box 2210

City Jacksonville State FL Zip Code 32203-2210

Name of Employer or Principal Place of Business

Blue Cross and Blue Shield

of Florida

Occupation Health Insurance Company

Transaction ID:C4923042

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. CEMEX Materials LLC

Mailing Address 1501 Belvedere Rd

City West Palm Beach State FL Zip Code 33406-1501

Name of Employer or Principal Place of Business

CEMEX Materials LLC

Occupation

Building material industry

Transaction ID:C4961373

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. Centene Management Company LLC

Mailing Address Centene Corporation

City St Louis State MO Zip Code 63105

Name of Employer or Principal Place of Business

Centene Management Company

LLC

Occupation Healthcare

Transaction ID:C4924117

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

D. Century Towers Associates

Mailing Address PO Box 1806

City Hialeah State FL Zip Code 33011

Name of Employer or Principal Place of Business

Century Towers Associates

Occupation

Real Estate

Transaction ID:C4924182

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. CSX Transportation, Inc.

Mailing Address 500 Water St
J-420

City Jacksonville State FL Zip Code 32202-4423

Name of Employer or Principal Place of Business
CSX Transportation, Inc.

Occupation
Railroad Transportation Company

Transaction ID:C4961153

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

Account: Monetary

Full Name (Last, First, Middle Initial)

B. Culpepper & Kurland, P.A.

Mailing Address 101 E Kennedy Blvd

City Tampa State FL Zip Code 33602-5179

Name of Employer or Principal Place of Business

Occupation
Retired

Transaction ID:C4961752

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

Account: Monetary

Full Name (Last, First, Middle Initial)

C. Dosal Tobacco Company

Mailing Address 4775 NW 132nd St

City Opa Locka State FL Zip Code 33054-4313

Name of Employer or Principal Place of Business
Dosal Tobacco

Occupation
Tobacco Company

Transaction ID:C4981151

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

Account: Monetary

Full Name (Last, First, Middle Initial)

D. Farmer, Jaffe, Weissing, Edwards

Mailing Address 425 N Andrews Ave
Ste 2

City Fort Lauderdale State FL Zip Code 33301-3268

Name of Employer or Principal Place of Business
Farmer, Jaffe, Weissing,
Edwards

Occupation
Law Firm

Transaction ID:C4961204

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Florida AFL-CIO Cope Individual Fund

Mailing Address 135 S Monroe St

City State Zip Code
Tallahassee FL 32301-4100

Name of Employer or Principal Place of Business
Florida AFL-CIO

Occupation
Labor Union

Transaction ID: C4961202

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. Florida Citrus Mutual State Committee of Continuou

Mailing Address PO Box 89

City State Zip Code
Lakeland FL 33802-0089

Name of Employer or Principal Place of Business
Fla Citrus Mutual State

Occupation
Agriculture

Transaction ID: C4961263

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. Florida Education Association

Mailing Address 213 S Adams St

City State Zip Code
Tallahassee FL 32301-1720

Name of Employer or Principal Place of Business
Fl Education Assoc. Advoc-

Occupation
Education Association

Transaction ID: C4963769

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

D. Florida PCIAA CCE

Mailing Address 2600 S River Rd

City State Zip Code
Des Plaines IL 60018-3203

Name of Employer or Principal Place of Business
Florida PCIAA

Occupation
Insurance Industry CCE

Transaction ID: C4924152

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Fonvielle, Lewis, Foote & Messer

Mailing Address 3375 Capital Cir NE
Bldg A

City Tallahassee State FL Zip Code 32308-3778

Name of Employer or Principal Place of Business

Fonvielle, Lewis, Foote

& Messer

Occupation Law Firm

Transaction ID:C4960874

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. Genentech

Mailing Address PO Box 9030

City San Francisco State CA Zip Code 94083-9030

Name of Employer or Principal Place of Business

Genentech

Occupation

BioTech Company

Transaction ID:C4960838

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. GMRI, INC.

Mailing Address PO Box 695012

City Orlando State FL Zip Code 32869-5012

Name of Employer or Principal Place of Business

GMRI, INC.

Occupation

Restaurant

Transaction ID:C4924690

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

D. Gold Star Holdings, LLC

Mailing Address 1877 S Federal Hwy

City Boca Raton State FL Zip Code 33432-7467

Name of Employer or Principal Place of Business

Gold Star Holdings, LLC

Occupation

Investors

Transaction ID:C4954398

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Greenspoon Marder, PA

Mailing Address 100 W Cypress Creek Rd
Ste 700

City Fort Lauderdale State FL Zip Code 33309-2195

Name of Employer or Principal Place of Business
Greenspoon Marder, PA

Occupation
Law Firm

Transaction ID:C4961175

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. Halstatt Partnership

Mailing Address 2600 Golden Gate Pkwy

City Naples State FL Zip Code 34105-3227

Name of Employer or Principal Place of Business
Halstatt Partnership

Occupation
Developers

Transaction ID:C4954400

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. Harrell & Harrell, P.A.

Mailing Address 4735 Sunbeam Rd

City Jacksonville State FL Zip Code 32257-6107

Name of Employer or Principal Place of Business
Harrell & Harrell, P.A.

Occupation
Law Firm

Transaction ID:C4981917

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

D. HBR Properties, LLC

Mailing Address 1877 S Federal Hwy
Ste 310

City Boca Raton State FL Zip Code 33432-7411

Name of Employer or Principal Place of Business
HBR Properties, LLC

Occupation
Real Estate

Transaction ID:C4954396

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. International Association of Fire Fighters - FIREP

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5305

Name of Employer or Principal Place of Business
Firefighters

Occupation
PAC

Transaction ID:C4780147

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. IUPAT

Mailing Address 7234 Parkway Dr

City Hanover State MD Zip Code 21076-1307

Name of Employer or Principal Place of Business
IUPAT

Occupation
Manufacturing Company

Transaction ID:C4978546

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. Leesfield, Leighton & Partners, P.A.

Mailing Address 2350 S Dixie Hwy

City Miami State FL Zip Code 33133-2314

Name of Employer or Principal Place of Business

Occupation
Law Firm

Transaction ID:C4978599

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

D. MARK - PAC

Mailing Address 215 S Monroe St
Ste 701

City Tallahassee State FL Zip Code 32301-1858

Name of Employer or Principal Place of Business
MARK - PAC

Occupation
Business

Transaction ID:C4976924

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Robin Hood Holdings, LLC

Mailing Address 1877 S Federal Hwy
Ste 310

City Boca Raton State FL Zip Code 33432-7411

Name of Employer or Principal Place of Business
Robin Hood Holdings, LLC

Occupation
Financial Services

Transaction ID:C4954397

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. Searcy Denney Scarola Barnhart

Mailing Address 2139 Palm Beach Lakes Blvd

City West Palm Beach State FL Zip Code 33409-6601

Name of Employer or Principal Place of Business
Searcy, Denney, Scarola,
Barnhart

Occupation
Law Firm

Transaction ID:C4978329

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. Swope, Rodante P.A.

Mailing Address 1234 E 5th Ave

City Tampa State FL Zip Code 33605-4904

Name of Employer or Principal Place of Business
Swope, Rodante P.A.

Occupation
Law Firm

Transaction ID:C4981004

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

D. TECO Energy Inc.

Mailing Address 702 N Franklin St

City Tampa State FL Zip Code 33602-4429

Name of Employer or Principal Place of Business
TECO Energy Inc.

Occupation
Utility Company

Transaction ID:C4954404

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

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(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Full Name (Last, First, Middle Initial)

A. Terrell Hogan Ellis Yegelow, P.A.

Mailing Address 233 E Bay St
FL 8

City Jacksonville State FL Zip Code 32202-3459

Name of Employer or Principal Place of Business
Terrell Hogan

Occupation
Attorney

Transaction ID:C4960871

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

B. The Health Care Professionals CCE

Mailing Address 1525 NW 167th St
Ste 150

City Miami State FL Zip Code 33169-5143

Name of Employer or Principal Place of Business
The Health Care Professionals CCE
Occupation
healthcare committee

Transaction ID:C4978469

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

Full Name (Last, First, Middle Initial)

C. The Wackenhut Corporation

Mailing Address 4200 Wackenhut Dr

City West Palm Beach State FL Zip Code 33410-4242

Name of Employer or Principal Place of Business
The Wackenhut Corporation
Occupation
Security Services

Transaction ID:C4961378

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: Monetary

SUBTOTAL of Receipts This Page (optional)

30000.00

TOTAL This Period (last page this line number only)

345000.00

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 4b ☒ 4d

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NAME OF COMMITTEE (In Full)

DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Florida Democratic Party Non Federal Account

Mailing Address 214 S Bronough St

City

Tallahassee

State

FL

Zip Code

32301-1705

Purpose of Disbursement

Transfer to federal account

Transaction ID: D427896

Date of Disbursement

/ /

Amount of Each Disbursement this Period

355000.00

Account: Monetary

SUBTOTAL of Disbursements This Page (optional)

355000.00

TOTAL This Period (last page this line number only)

355000.00